WAIVER

SUPREME COURT OF THE UNITED STATES

| | No. | 21-271 | | | | | |
|---|--|--------|-------|--|---------|-------|--|
| Raymond Benitez | | | | The Charlotte Mecklenburg Hospital Authority d/b/a Carolinas HealthCare System d/b/a Atrium Health | | | |
| (Petitioner) | | | V. | (Respondent) | | | |
| I DO NOT INTEND TO FILE A RESPONSE to the petition for a writ of certiorari unless one is requested by the Court. | | | | | | | |
| Please check t | he appropriate box: | | | | | | |
| I am filing this waiver on behalf of all respondents. | | | | | | | |
| O I only re | only represent some respondents. I am filing this waiver on behalf of the following respondent(s): | | | | | | |
| | | | | | | | |
| Please check the appropriate box: | | | | | | | |
| I am a member of the Bar of the Supreme Court of the United States. (Filing Instructions: File a signed Waiver in the Supreme Court Electronic Filing System. The system will prompt you to enter your appearance first.) | | | | | | | |
| I am not presently a member of the Bar of this Court. Should a response be requested, the response will be filed by a Bar member. (Filing Instructions: Mail the original signed form to: Supreme Court, Attn: Clerk's Office, 1 First Street, NE, Washington, D.C. 20543). | | | | | | | |
| Signature: | ture: s/ James P. Cooney | | | | | | |
| Date: | September 23, 2021 | | | | | | |
| (Type or print) Name James P. Cooney III | | | | | | | |
| | • Mr. | O Ms. | (| O Mrs. | O Miss | | |
| Firm | Womble Bond Dickinson (US) LLP | | | | | | |
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A copy of this form must be sent to petitioner's counsel or to petitioner if *pro se*. Please indicate below the name(s) of the recipient(s) of a copy of this form. No additional certificate of service or cover letter is required.

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